ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate le | vel produced by rate revision effective | 10-1-2006New;11-1-2006Ren |
|--|--|---|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto Burglary and Theft | 1,909,103 | +1.4% |
| 5. Glass 6. Fidelity | | |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage | | |
| 11. Inland Marine 12. Homeowners | - | |
| 13. Commercial Multi-Peril 14. Crop Hail | | |
| 15. OtherLine of Insurance | | |
| Does filing only apply to certain territory (t | erritories) or certain classes? If so, specify | N/A |
| Brief description of filing. (If filing follows filing designation numbers GL-2005-R | rates of an advisory organization, specify RPL1, GL-2005-RELP1, GL-2004-RELP1, GI | organization): Filing to adopt ISO 2005-BGL1 |
| "Adjusted to reflect all prior rate changes. "Change in Company's premium level wh | ich will result from application of new rates | |
| | | Casualty Insurance Company Name of Company |
| | Tom Smolen, | VP Commercial Actuarial Official - Title |



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cř | nange in Company's premium or rate lev | rel produced by rate revision effective | 10-1-2006Ren: 11-1-2006New |
|------|--|--|------------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial _ | | |
| 3. | Liability Other Than Auto | 2,397,511 | +1.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass _ | | |
| 6. | Fidelity _ | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10 | . Extended Coverage | | |
| 11 | . Inland Marine | | |
| 12 | . Homeowners | | |
| 13 | . Commercial Multi-Peril | | |
| 14 | . Crop Hail | | |
| 15. | . Other | - | |
| | Line of Insurance | | |
| | 411 | | |
| Do | es filing only apply to certain territory (te | erritories) or certain classes? If so, specify | : <u>N/A</u> |
| _ | | | |
| Bri | of description of filing. (If filing follows | rates of an advisory organization, specify | organization): Eiling to odopt ISO |
| | | PL1, GL-2005-RELP1, GL-2004-RELP1, GL | |
| 11. | THE GESTERACTON MURICUIS W. 2000 IN | EI, GE 2003 REELI, GE 2004 REELI, GE | 2003 BGE1 |
| _ | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| *Ac | djusted to reflect all prior rate changes. | | |
| •••C | Change in Company's premium level whi | ch will result from application of new rates |). |
| | | AMCO | Insurance Company |
| | | | Name of Company |
| | | _ | |
| | | Tom_Smolen, | VP Commercial Actuarial |
| | | | Official – Title |



| Coverage tomobile Liability ivate Passenger ommercial tomobile Physical Damage ivate Passenger | Annual Premium Volume (Illinois)* | Change (+ or -)** |
|---|--|---|
| ivate Passenger ommercial tomobile Physical Damage | | |
| ommercial tomobile Physical Damage | | |
| tomobile Physical Damage | | |
| iomobile Physical Damage ivate Passenger | | |
| ommercial | | |
| | 4.266.488 | -11.4% |
| | -11 (44 | |
| ss | | |
| elity | | |
| ety | | |
| - | | |
| = | | |
| ended Coverage | | |
| and Marine | | |
| meowners | | |
| mmercial Multi-Peril | | |
| p Hail | | |
| er | | |
| Line of Insurance | | |
| | elity ety ler and Machinery e ended Coverage and Marine meowners mmercial Multi-Peril p Hail her Line of Insurance | glary and Theft ss elity ety ler and Machinery ended Coverage und Marine meowners mmercial Multi-Peril p Hail ler |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Change in Company's premium level which will

result from application of new rates.

AUG - 3 2007

SPRINGFIELD, ILLINOIS

American Economy Insurance Company

Name of Company

Official – Title
Patty McCollum, CPCU
Assistant Vice President

SUMMARY SHEET

| (1) <u>Coverage</u> utomobile Liability Private Passenger Commercial | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -)** |
|--|--|---|
| utomobile Liability Private Passenger | | = ======= |
| rivate Passenger | | |
| —————————————————————————————————————— | | |
| Commercial | | |
| | | |
| utomobile Physical Damage | | |
| rivate Passenger | | |
| | | |
| | 10,722,673 | -10.4% |
| urglary and Theft | | |
| lass | | |
| delity | | |
| ırety | | |
| oiler and Machinery | | |
| re | | |
| _ | | |
| land Marine | | |
| omeowners | | |
| mmercial Multi-Peril | | |
| rop Hail | | |
| ther | | |
| Line of Insurance | | |
| only apply to certain territory (| 'territories) or certain classes? If so specific | |
| ies to all classes | | |
| | | |
| | Commercial ability Other Than Auto urglary and Theft lass delity urety biler and Machinery re stended Coverage land Marine bomeowners bommercial Multi-Peril rop Hail ther Line of Insurance | ability Other Than Auto arglary and Theft lass delity arety biler and Machinery re stended Coverage land Marine omeowners commercial Multi-Peril rop Hail ther Line of Insurance If so, specify: |

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.



American States Insurance Company

Name of Company

Patty McCollum, CPCU Assistant Vice President

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG X 0 2006

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

| | Change in Company's premium or rate | level produced by rate revision effective | 7/15/06 |
|------------|--|---|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$489,628 (as of 12/31/05) | +2.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. 15. | Crop Hail Other | | |
| 15. | Line of Insurance | | |
| | Line of madranee | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| No | | | |
| | | | |
| | | · · · · · · | |
| 3rief o | description of filing. (If filing follows: | rates of an advisory organization, specify o | organization): |
| Mana | agement Liability Program - necessary | rate adjustments as well as product modern | nization and other |
| impr | ovements. | | |
| | | | |
| | | | |
| | djusted to reflect all prior rate changes. | | |
| | hange in Company's premium level wh | ich will | |
| re | sult from application of new rates. | | |



| Carolina Casualty Insurance Company |
|-------------------------------------|
| Name of Company |
| |
| |
| Douglas J. Powers, CPCU - |
| Assistant Secretary |
| Official - Title |

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate | level produced by rate revision effective _ | 1-1-2007 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | -\$142,407 | -12.8% |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of insulance | | |
| 3 7 11 7 | (territories) or certain classes? If so, spec | cify: |
| N/A | | |
| Drief description of filing /If filing follow | s rates of an advisory organization, specif | v organization): |
| Getting current with ISO changes that v | vere previously pon-adopted | y organization). |
| Getting current with 150 changes that v | vere previously non-adopted | |
| | | |
| *Adjusted to reflect all prior rate change | es. | |
| **Change in Company's premium level | which will result from application of new ra | ates. |
| | | |
| | Employers | Insurance Company of Wausau |
| | | Name of Company |
| | Lori Hartleben | State Filings Analyst |
| | <u> Lon Harneben</u> | Official – Title |
| | | |

SUMMARY SHEET

| | Change in Company's premium or rat | e level produced by rate revision effective | 9/15/06 |
|---------|--|--|---------------------------------------|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 5,042,057 | -10.7% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does i | filing only apply to certain territory (to Applies to all classes | erritories) or certain classes? If so, specify: | |
| | | | |
| Brief e | description of filing. (If filing follows are revising our loss cost multipliers for | s rates of an advisory organization, specify or or General Liability. | organization): |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |

* Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

AUG - 3 2007

SPRINGFIELD. ILLINOIS

First National Insurance Company of America

Name of Company

Patty McCollum, CPCU Assistant Vice President

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate let 12/01/06 Renewals. | vel produced by rate revision effective | 10/01/06 New Business, |
|--|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial _ | | |
| Automobile Physical Damage | | |
| Private Passenger Commercial _ | | |
| Liability Other Than Auto | 7,772,768 | -4.8% |
| 4. Burglary and Theft | | |
| 5. Glass | | 7 |
| 6. Fidelity _ | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | - |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | ······································ | |
| Brief description of filing. (If filing follow Adopting Loss Costs provided by ISO (Ins | vs rates of an advisory organization, sp | · · · |
| 'Adjusted to reflect all prior rate changes. *Change in Company's premium level wh | ich will result from application of new rates | 3. |
| | | |
| | General Ca | sualty Company of Illinois Name of Company |
| | Jackie Bjork - I | Rate Development Technician |
| | | Official – Title |
| | | DIVISION OF INSURANCE STATE OF ILLINOISMOFPR AUG 2 3 2006 SPRING |
| | | SPRINGFIELD, ILLINOIS |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1) | (2) | (3) |
|--|--|--------------------------------------|
| <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| Liability Other Than Auto | 1,639,868 | 7.9% |
| Burglary and Theft | | |
| | | |
| 6. Fidelity | | |
| 7. Surety | | |
| B. Boiler and Machinery | | <u> </u> |
|). Fire | | - |
| Extended Coverage | · | |
| 1. Inland Marine | | - |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (terri | torios) or cortain alacces? If an anno | ifu Applica to all |
| boes ming only apply to certain territory (terri | iones) of certain classes? If so, spec | iry. Applies to all. |
| | | **** |
| Brief description of filing. (If filing follows i | rates of an advisory organization. | specify organization): Rate Revision |
| Adopting Loss Costs provided by ISO (Insura | nce Services Office, Inc.). | |
| | | |
| • | | |
| | | |
| Adjusted to reflect all prior rate changes. | | |
| *Change in Company's premium level which | will result from application of new rate | tes. |
| | | |
| | General Ca | asualty Company of Wisconsin |
| | | Name of Company |
| | | |
| | Jackie Bjork | - Rate Development Technician |
| | | Official Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

AUG 2 3 2006

SPRINGFIELD, ILLINOIS

| | Change in Company's premium of it | ate level produced by rate revision effective | 9/15/06 |
|------|---|--|---------------------------|
| | (1) | (2) | (3) |
| | <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | - | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 5,241,011 | -11.2% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
|)oes | filing only apply to certain territory. | territories) or certain classes? If so, specify: | |
| | Applies to all classes | territories) or certain classes: If so, specify. | |
| No. | Addites to all classes | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



General Insurance Company of America

Name of Company

Patty McCollum, CPCU Assistant Vice President

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

50

FORM (RF-3)

| | vel produced by rate revision effective8-1-200 | |
|--|--|---------------------------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Loverage | <u> Volume (Illinois) *</u> | <u> </u> |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | · |
| Commercial | | |
| Liability Other than Auto | \$ 0.00 | |
| Burglary and Theft | | |
| Glass | According to the second | |
| Fidelity | | |
| Surely | | |
| Boiler and Machinery | | |
| Fire | | |
| . Extended Coverage . Inland Marine | | |
| . Homeowners | | |
| . Commercial Multi-Peril | | |
| face Hull | | |
| Other | | |
| | | |
| If so, specify: Brief description of filing, (If filing follows rates | | |
| If so, specify: Brief description of filing. (If filing follows rates | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E | GL1 |
| If so, specify: Brief description of filing. (If filing follows rates | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E fill result from application of new rates. | VA Casualty Compan |
| If so, specify: Brief description of filing. (If filing follows rates | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E fill result from application of new rates. | GL1 |
| If so, specify: Brief description of filing. (If filing follows rates | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E | VA Casualty Compan |
| If so, specify: Brief description of filing. (If filing follows rates | s of an advisory organization, specify organization ost Revision- Reference GL-2005-B ill result from application of new rates. | VA Casualty Compan |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E ill result from application of new rates. | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E ill result from application of new rates. | VA Casualty Compan |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E ill result from application of new rates. | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | of an advisory organization, specify organization ost Revision- Reference GL-2005-B ill result from application of new rates. NO Characteristics of the second of the se | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | of an advisory organization, specify organization ost Revision- Reference GL-2005-B ill result from application of new rates. NO Characteristics of the second of the se | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | s of an advisory organization, specify organization ost Revision- Reference GL-2005-E ill result from application of new rates. | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | s of an advisory organization, specify organization ost Revision- Reference GL-2005-B ill result from application of new rates. NO Charles INSURANCE FILLINOIS/IDEPF: - 3 2006 | VA Casualty Compan Name of Company |
| Brief description of filing. (If filing follows rates ISO's Prospective Loss Co * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which wi | of an advisory organization, specify organization ost Revision- Reference GL-2005-B ill result from application of new rates. NO Characteristics of the second of the se | VA Casualty Compan Name of Company |

| | Change in Company's premium or rat | e level produced by rate revision effective | 10/1/2006 |
|------------|---|---|--------------------------------|
| | GL-112-6IL | | |
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 6,541,862 | -5.0% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | · · | |
| Does N/ | • | erritories) or certain classes? If so, specify: | |
| | | | |
| | | | |
| Lo | ss cost multiplier revision. Revise E | s rates of an advisory organization, specify of LR and minimum premium for E&S platoss costs: GL-2005-BGL2, retrospective re | n. Adopt ISO reference filings |
| | , | | |
| | | | |
| | | | · · · |

* Adjusted to reflect all prior rate changes.* Change in Company's premium level which will result from application of new rates.



SUMMARY SHEET

| | ML-68-061L (1) | (2) | (3) |
|-----|---|---|--------------------------|
| | (1) | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | 1.042.540 | 0.707 |
| 2 | Commercial | 1,043,540 | -0.6% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | 344,044 | -0.5% |
| 3. | Liability Other Than Auto | 1,710,477 | -2.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| | iling only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| NU | | | |
| No | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Selective Insurance Company of The Southeast (SICSE) Name of Company

Patricia McConnell
Official - Title

H29219D

SUMMARY SHEET

| | 4.4.5 | 4-1 | /# \ |
|-------------------------------|--|---|---|
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | 4,423,424 | -1.4% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | 1,245,974 | 1.0% |
| 3. | Liability Other Than Auto | 6,541,826 | 0.6% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other | | |
| | Line of Insurance | | |
| N ~ | | | |
| rief | | rates of an advisory organization, specify or Commercial Auto and General Liability | |
| rief | | | |
| rief | our package modification factors for | | |
| rief | our package modification factors for | | |
| rief ise (er S | our package modification factors for SICSC. djusted to reflect all prior rate changes | Commercial Auto and General Liability | |
| riefise (er S | djusted to reflect all prior rate change hange in Company's premium level w | Commercial Auto and General Liability | |
| rief ise (ler S | djusted to reflect all prior rate change hange in Company's premium level w | Commercial Auto and General Liability s. hich will | |
| rise (ler S * A * C | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. | Commercial Auto and General Liability s. hich will | |
| rief rise (ler S | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. | Commercial Auto and General Liability s. hich will | |
| riefise (er S | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. | Commercial Auto and General Liability s. hich will | y lines of business written |
| rief ise (er S | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. DIVISION OF IN | Select | y lines of business written |
| ief ise (er S | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. DIVISION OF IN | Select | ive Insurance Company of Carolina (SICSC) |
| ief ise (er S | djusted to reflect all prior rate changes hange in Company's premium level we sult from application of new rates. DIVISION OF INSTATE OF ILLIN STATE OF ILL | Selection South | y lines of business written |
| ief ise (er S | djusted to reflect all prior rate changes hange in Company's premium level we sult from application of new rates. DIVISION OF INSTATE OF ILLIN STATE OF ILL | Selection South | ive Insurance Company of Carolina (SICSC) |
| ief ise (er S | djusted to reflect all prior rate changes hange in Company's premium level we sult from application of new rates. DIVISION OF INSTATE OF ILLIN STATE OF ILL | Selection South | ive Insurance Company of Carolina (SICSC) |
| ief ise (er S | djusted to reflect all prior rate changes hange in Company's premium level we sult from application of new rates. DIVISION OF INSTATE OF ILLIN STATE OF ILL | S. hich will SURANCE OIS/IDEPR Selection South LD. ILLINOIS | ive Insurance Company of Carolina (SICSC) |

| | | e level produced by rate revision effective | 10/1/2006 |
|-------|---|---|--------------------------|
| | GL-112-06IL | | |
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 1,710,477 | -4,2% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | *** |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Door | Glina anticamely to costain torsitos: /te | erritories) or certain classes? If so, specify: | |
| N/A | ~ | intones) of certain classes? If so, specify. | |
| 11/2 | | | |
| | | | |
| Drief | description of filing (If filing follows | rates of an advisory organization, specify of | organization): |
| | | LR and minimum premium for E&S plan | |
| | | ess costs: GL-2005-BGL2, retrospective ra | |
| | o in explanatory memo, meldung it | as costs. GL-2005-BGL2, Tett 08pective 12 | ang pun Ni -2005-NOLUS. |
| | | | |
| | | | |

- * Adjusted to reflect all prior rate changes.* Change in Company's premium level which will result from application of new rates.



Selective Insurance Company of the Southeast (SICSE)

Name of Company

Patricia McConnell

Official - Title

| | Change in Company's premium | or rate level produced by | y rate revision effective | 8/31/06 |
|-----------|---|--|-----------------------------------|-----------|
| | | | | |
| | | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -) | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | 950,000 | + 22.4% | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. • | Surety | | | |
| 8. 9. | Boiler and Machinery Fire | | | |
| 9. 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | - | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other . | | | |
| | Line of Insurance | | | |
| Does | s filing only apply to certain territor | v (territories) or certain cla | asses? If so, specify: | no |
| | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , (| | |
| | | | | |
| | ····· | | | |
| | | | | |
| | description of filing. (If filing follow | vs rates of an advisory or | ganization, specify organ | ization): |
| Revi | sion of the EPLI rating plan. | | | |
| | | | | |
| | | | | |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SPRINGFIELD, ILLINOIS

Twin City Fire Insurance Company

Name of Company

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| (1) | (2) | (3) |
|--|--|---|
| <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto | 3,375,085 | -2.3% |
| 4. Burglary and Theft | | -2.376 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | <u> </u> | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | · · · · · · · · · · · · · · · · · · · |
| | | |
| 15. Other Line of Insurance | | |
| Line of modifice | | |
| Does filing only apply to certain territory (terri | tories) or certain classes? If so spec | ify: Applies to all |
| book iming only apply to contain tornery (torn | torios, or ostrain diagons. If oo, open | |
| Brief description of filing. (If filing follows Adopting Loss Costs provided by ISO (Insura | rates of an advisory organization, ince Services Office, Inc.). | specify organization): <u>Rate Revision</u> - |
| *Adjusted to reflect all prior rate changes. | | |
| **Change in Company's premium level which | will result from application of new rate | tes. |
| | Ren | ent Insurance Company |
| | | Name of Company |
| | lackie Biork | - Rate Development Technician |
| | | Official – Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECETVED

AUG 2 3 2006

SPRINGFIELD, ILLINOIS

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ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective | | 1-1-2007 |
|--|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance | -\$100,414 | -12.8% |
| Does filing only apply to certain territory (N/A | territories) or certain classes? If so, spec | cify: |
| Brief description of filing. (If filing follows Getting current with ISO changes that we *Adjusted to reflect all prior rate changes **Change in Company's premium level w | rates of an advisory organization, specifiere previously non-adopted . hich will result from application of new ra | |
| | | Name of Company |
| | Lori Hartleben | State Filings Analyst Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate lev | 1-1-2007 | |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance | -\$173,365 | -12.8% |
| Does filing only apply to certain territory (to N/A | • | fy: |
| Brief description of filing. (If filing follows regetting current with ISO changes that were *Adjusted to reflect all prior rate changes. | ates of an advisory organization, specify e previously non-adopted | |
| **Change in Company's premium level wh | nich will result from application of new rate | es. |
| | Wausau Un | derwriters Insurance Company Name of Company |
| | <u>Lori Hartleben</u> | State Filings Analyst Official – Title |